



www.gallatin.mt.gov/health

## Gallatin City-County Health Department

Environmental Health Services  
215 W. Mendenhall, Rm 108  
Bozeman, MT 59715-3478  
406-582-3120 • Fax: 406-582-3128

### PLAN REVIEW APPLICATION

NEW \_\_\_\_\_ REMODEL \_\_\_\_\_ (existing food service Y / N)

Name of Establishment \_\_\_\_\_

Location \_\_\_\_\_

City \_\_\_\_\_ Telephone Number of Establishment \_\_\_\_\_

Name of Owner \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Contact Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

I have submitted plans/applications to the following authorities on the following dates:

_____ Plumbing	_____ Electric
_____ Planning / Zoning (county or city)	_____ Building*
_____ Fire	_____ Other

Construction Start Date \_\_\_\_\_ Construction Completion Date \_\_\_\_\_

**I (We) hereby certify under penalty of perjury that the information is true, complete, accurate and correct to the best of my (our) knowledge. I understand that any deviation from the above without prior permission from the Gallatin City-County Health Department may nullify final approval.**

Signature(s) \_\_\_\_\_ Date: \_\_\_\_\_  
owner(s) or responsible representative(s) **(WHO CAN SIGN)**

Approval of these plans and specifications by the Gallatin City-County Health Department does not indicate compliance with any other code, law or regulation that may be required -- federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws.

Department use only

Amount received \_\_\_\_\_

Check number \_\_\_\_\_

Receipt # \_\_\_\_\_